

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017861

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 153

FILED MAY 21 1962

VS 300
Rev. 4/590017
2610

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Grim-Smith Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Macon

c. CITY
OR TOWN

South Gifford Mo

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Haskel

Middle

Magers

Last

4. DATE
OF DEATH

Month

Day

Year

May

6

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 12 1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Macon County Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Magers

13b. MOTHER'S MAIDEN NAME

Margret Hall

14. NAME OF HUSBAND OR WIFE

Ruby Magers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. H. Magers South Gifford Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-1-62

12 30 P M

5-6-62

and last saw him alive on 5-5-62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kirksville, Missouri

22c. DATE SIGNED

5-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 8 1962

23c. NAME OF CEMETERY OR CREMATORY

La Plata

23d. LOCATION (City, town, or county)

Macon County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

South Gifford Mo

25. DATE RECD. BY LOCAL REG.

May 16 1962

26. REGISTRAR'S SIGNATURE

Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Printed May 6, 1962

J. B. Jones, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address Sout Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. 8
If this body is not embalmed, fact should be so stated above.